K040212

FEB 2 0 2004

Smith & Nephew, Inc.
Summary of Safety and Effectiveness
TriGen InterTAN

Contact Person and Address
Kim Kelly
Project Manager, Regulatory/Clinical Affairs
Smith & Nephew, Inc.
Orthopaedic Division
1450 East Brooks Road
Memphis, TN 38116
(901) 399-6566

Date of Summary: January 29, 2004

Name of Device: TriGen InterTAN
Common Name: Intramedullary Nail and Accessories

Device Classification Name
21 CFR 888.3030 Single/multiple component metallic bone fixation appliances and accessories – Class II

Indications for Use
InterTAN nails are indicated for simple long bone fractures; severely comminuted, spiral, long oblique and segmental fractures; nonunions and malunions; polytrauma and multiple fractures; prophylactic nailing of impending pathologic fractures; reconstruction, following tumor resection and grafting; bone lengthening and shortening; subtrochanteric fractures; ipsilateral femoral shaft/neck fractures; intertrochanteric fractures; and intracapsular fractures. The Smith & Nephew, Inc. InterTAN nail is for single use only.

Mechanical and Clinical Data
A review of the mechanical test data indicated that the TriGen InterTAN nail is equivalent to devices currently used clinically and is capable of withstanding expected *in vivo* loading without failure.

Substantial Equivalence Information
The substantial equivalence of the TriGen InterTAN nail is based on its similarities in indications for use, design features, operational principles, and material composition to the following predicate devices – Smith & Nephew's Titanium Nail System (K981529), Generic Trauma Internal Fixation System (K993289), Intramedullary Nail System (K983942),the Stryker Howmedica Trochanteric Dyax Nail System (K013524), and the DePuy Trochanteric Nail (K010780).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

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Ms. Kim Kelly
Project Manager, Clinical/Regulatory Affairs
Smith & Nephew, Inc.
Orthopaedic Division
1450 East Brooks Road
Memphis, Tennessee 38116

Re: K040212
Trade/Device Name: TriGen InterTAN
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: II
Product Code: JDS
Dated: January 29, 2004
Received: January 30, 2004

Dear Ms. Kelly:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

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TriGen InterTAN

Indications Statement

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Mark N Milkerson

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K040212

Concurrence of CDRH, Office of Device Evaluation

Prescription Use X OR Over-The-Counter Use _____
(Per 21 CFR 801.109)